

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 29, 1999

ALL-COUNTY LETTER NO. 99-77

TO: ALL COUNTY WELFARE DIRECTORS
ALL WELFARE-TO-WORK COORDINATORS
ALL CALWORKS PROGRAM MANAGERS
ALL COUNTY CHILD CARE COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: EXTENDED FILING PERIOD FOR CALIFORNIA WORK
OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)
WELFARE-TO-WORK (WTW) SELF-INITIATED PROGRAM (SIP)
REVIEW REQUEST FORMS

REFERENCE: ALL COUNTY LETTER (ACL) NOS. 99-32, 99-38 AND 99-49
ASSEMBLY BILL 1542 (Chapter 270, Statutes of 1997)

The purpose of this letter is to inform County Welfare Departments (CWDs) that they must extend the date for SIP participants, or former recipients, to file the CalWORKs SIP Review Request Form (TEMP 2171) through October 29, 1999. This letter is a follow-up to ACL Nos. 99-32, 99-38 and 99-49. This letter is also a follow-up to the August 20, 1999 memorandum to all county Welfare-to-Work Coordinators that informed them of the decision to extend the filing date for claims from August 20, 1999 through October 29, 1999. All claims must now be filed on or before October 29, 1999.

The Department's decision to extend the filing date for SIP claims is due to our concern that some of the counties may not have followed through with our instructions for providing remedies to SIP participants. These instructions included requirements to clearly display the Important Notice to CalWORKs Recipients poster (TEMP 2167A) and to make the CalWORKs SIP Review Request Form (TEMP 2171) immediately available to CalWORKs recipients or former recipients.

BACKGROUND

In ACL No. 99-38 dated June 14, 1999, CWDs received instructions for correcting any inappropriate SIP denials, sanctions, and/or denials or reductions of supportive services. Specifically, CWDs were informed to display the poster (TEMP 2167A) which was attached to the letter in areas that are clearly visible in CWD offices and at employment service sites from June 15 through August 20, 1999. At the bottom of the poster, CWDs were instructed to provide local telephone numbers and local instructions to recipients

about how to obtain a CalWORKs SIP Review Request Form (TEMP 2171). Counties that distribute grant warrants and/or food stamp coupons at check cashing facilities were also asked to make the posters available for display at those locations.

ACL 99-38 also provided a camera-ready copy of the CalWORKs SIP Review Request Form, with instructions for making the form available to CalWORKs recipients so that individuals that believe their SIP had been improperly handled could request a review of their situation by the county that took the original action. The letter provided the CWDs with instructions related to the review process and outlined corrective measures to remedy any misapplication of the CalWORKs WTW Program SIP regulations as clarified by ACL 99-32 dated April 29, 1999. CWDs were instructed to make the TEMP 2171 immediately available to all welfare-to-work participants, and former participants, who called to request a copy of the form, walked into a CWD office or employment services center to request the form, or had the CWD flag their case due to advance information about the June notice.

COMPLIANCE WITH REVISED INSTRUCTIONS

Because CWDs statewide failed to consistently comply with the instructions to post the informing notice and to make CalWORKs SIP Review Request Forms available, CWDs are reminded to comply with all instructions in ACL No. 99-38. Further, a copy of the attached notice on colored paper (preferably yellow or goldenrod) must be attached to each poster to let welfare-to-work participants, and former recipients, know that the time period to file a claim for a SIP review has been extended through October 29, 1999. Additionally, all CWDs must have, in each of their offices and/or employment service centers, a readily available supply of TEMP 2171 forms, which have been revised to indicate the October 29, 1999 extension.

REVISED TEMP 2171 FORM AND TEMP 2172 NOTICE OF ACTION

The CalWORKs SIP Review Request Form (TEMP 2171) and the SIP Review Request Denial NOA (TEMP 2172) have been revised to reflect the October 29, 1999 final filing date. For camera-ready copies of English and Spanish notices, call the Forms Management Unit (FMU) at (916) 657-1907 or CALNET at 437-1907. If your office has Internet access, you may obtain the notices from the Department's web page at <http://www.dss.cahwnet.gov>. To accommodate agencies without Internet access, copies will be available by contacting FMU.

Your Forms Coordinator now receives all translations as soon as they become available, if your county is on the Language Translation Services (LTS) mailing list. All translated notices in Russian, Cambodian, Chinese and Vietnamese will follow shortly. Call LTS at (916) 654-1282 if your county does not receive the translations. If your county has a

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group that comprises five percent or more of the population and whose language the State does not translate, the county must assure that a written translation (if a written language exists) of these notices is provided. Counties are reminded to follow the provisions of Division 21 for providing effective bilingual services.

Thank you in advance for your prompt attention to this matter. We are confident that the decision to extend the filing date will ensure that all welfare-to-work participants, or former recipients, who may wish to request a review of their SIP situation will have ample opportunity and information to do so. If you have any questions regarding this matter, please do not hesitate to call Ray Christensen at (916) 654-1426.

Sincerely,

***Original Document Signed By
Bruce Wagstaff on 9/29/99***

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Enclosures

c: CWDA
CSAC

CalWORKs SELF-INITIATED PROGRAM (SIP)

REVIEW REQUEST FORM

INSTRUCTIONS: If you believe that any of the situations listed on this form apply to you, please fill out this form and return it to the county no later than October 29, 1999. **If the form is not submitted to the county welfare department by October 29, 1999, any claim for benefits or restoration will be denied.**

Please print or type answers to the following:

NAME		DATE OF BIRTH
ADDRESS		
SOCIAL SECURITY #	CASE #	TELEPHONE #

If you were in a school program that you enrolled in on your own (a SIP) when you were required to participate in the CalWORKs Welfare-to-Work Program and you answer yes to any of the questions below you may be able to:

- go back to school;
- have your sanction overturned and get cash aid;
- get money for books, transportation and childcare;
- have your welfare-to-work plan changed.

Please answer the following questions about your school program (SIP):

NAME OF COLLEGE/SCHOOL PROGRAM:

ADDRESS OF COLLEGE/SCHOOL PROGRAM:

YES	NO	At any time on or after January 1, 1998, did the county:
<input type="checkbox"/>	<input type="checkbox"/>	1. Refuse to make the school program (SIP) one of your assigned CalWORKs Welfare-to-Work activities?
<input type="checkbox"/>	<input type="checkbox"/>	2. Refuse to allow you to continue in your unapprovable school program (SIP) until the end of the quarter or semester?
<input type="checkbox"/>	<input type="checkbox"/>	3. Deny, shorten or change your school program (SIP) because it was not full time or could not be completed within the 18- or 24-month welfare-to-work time period?
<input type="checkbox"/>	<input type="checkbox"/>	4. Require that you take a job that was during your school (SIP) class hours?
<input type="checkbox"/>	<input type="checkbox"/>	5. Refuse to count your work-study hours toward your SIP Welfare-to-Work participation requirement?
<input type="checkbox"/>	<input type="checkbox"/>	6. Refuse to treat elective courses that count toward your degree, or tutorials designed to address your diagnosed learning disability, as part of your school program (SIP)?
<input type="checkbox"/>	<input type="checkbox"/>	7. Refuse to pay for necessary supportive services while you were in the school program or in work-study?
<input type="checkbox"/>	<input type="checkbox"/>	8. Deny or reduce your supportive services without your agreement based on your receipt of financial aid?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you have any other problem with the county regarding your school program (SIP)? If so, what was it? _____ _____ _____

SIGNATURE OF SIP PARTICIPANT	DATE SIGNED
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NOTE: A letter that provides information about SIP policies, can be obtained at the Department's external web page at: <http://www.dss.cahwnet.gov>. Select "All County Letters" and go to Letter # 99-32.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You asked that the following problems(s) with your SIP be fixed:

- ☐ _____
- ☐ _____
- ☐ _____

Based on our review of your self-initiated-program request and the information that you provided, **your request has been denied. Here's why:**

- ☐ Your SIP Review Request Form was received after October 29, 1999.
- ☐ You did not give us the additional information/documentation we asked for on _____.
- ☐ You applied to the wrong county. You must apply to _____ County.
- ☐ You were not sanctioned because of your SIP.
- ☐ You were not enrolled in your SIP on the date of your appraisal on _____.
- ☐ You were not enrolled in your SIP on the date you were scheduled for appraisal and you failed to go to your appraisal appointment and you did not have a good reason.
- ☐ You already have a bachelor's degree and your program is not a teaching credential program.

- ☐ Your school says that you did not make satisfactory progress.
- ☐ The program is not on the county's list of programs leading to a job and you did not show that your school program would lead to a job that would take you off cash aid.
- ☐ You were in a private, post-secondary school that was not approved by the appropriate State regulatory agency.
- ☐ You were enrolled in an educational program that did not meet SIP approval rules. You were approved to continue until the beginning of the next semester or quarter. At that time, you did not move to a program that met SIP approval rules and that was approved by the county.
- ☐ Your request for back child care costs from _____ through _____ has been denied because _____

If you have any questions about this, call _____ at _____.

- ☐ Other _____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. Keep your plastic Benefits Identification Card(s).

Rules: These rules apply; you may review them at your welfare office: MPP 42-711.54.

INSTRUCTIONS TO COUNTIES:

Copy the notice at the bottom of this page onto yellow or goldenrod paper, and attach (tape) it to the bottom of the Temp 2167A, Important Notice for CalWORKs Recipients poster. This poster deals with individuals that enrolled in school programs on their own (SIPs). The poster with the new attachment must remain posted through October 29, 1999.

Filing date for SIP Review Request Forms
EXTENDED THROUGH OCTOBER 29, 1999.

La fecha final para presentar la petición
para que se revise su SIP SE HA EXTENDIDO
HASTA EL 29 DE OCTUBRE DE 1999.

Post through October 29, 1999